

MEMORANDUM

Revised: Jan/2006

TO:

FROM:

SUBJECT: Memo Concerning Donated Annual Leave / Return of Unused Donated Annual Leave

DATE:

Annual Leave Donation

This is to certify that _____ hours of annual leave donated by _____,
(name)

_____, _____, _____, _____,
(ss#) (company #) (agency name) (phone)

were transferred to _____,
(name) (ss#)

_____, _____, _____,
(company #) (agency name) (phone)

Please reduce the donor's annual leave balance accordingly.

Return of Unused Donated Annual Leave

This is to certify that _____ hours of annual leave donated by _____,
(name)

_____, _____, _____, _____,
(ss#) (company #) (agency name) (phone)

were unused by _____,
(name) (ss#)

_____, _____, _____,
(company #) (agency name) (phone)

Please credit the employee annual leave balance accordingly.

Recipient's Payroll Officer's Name: _____

Payroll Officer's Phone #: _____

Company # _____, Agency Name _____, Phone _____

APPLICATION FOR ANNUAL LEAVE SHARING

□ ORIGINAL REQUEST

☐ AMENDED REQUEST

Name of Recipient: _____

Department: _____

Social Security Number: _____

Amount of Annual Leave Needed: _____

Please provide a reason transferred leave is needed, including a brief description of cause, property lost, and anticipated duration of the leave needed. (If this is an amended request, provide reason for extension.)

Signature of Recipient or Representative	Date
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Signature of Supervisor	Date Received
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The above named employee has been approved to receive donated annual leave in accordance with the provisions of K.R.S. 18A.203 and 101KAR 2:106.

Signature of Appointing Authority	Date
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The Recipient's Appointing Authority must forward one copy of this form to the Personnel Cabinet, Processing & Records Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, KY 40601.

ANNUAL LEAVE DONATION FORM

Name of Donor: _____

Department: _____

Social Security Number: _____

Amount of Donation to be credit to Recipient: _____
(Eligible Employee shall not receive more than 20 working days. Minimum employee may donate is 7.5 hours.)

Name of Recipient: _____

Department: _____

Social Security Number: _____

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by 101 KAR 2:106.

Signature of Donor

Date

This is to certify that the employee named above has a sufficient annual leave balance to donate the hours indicated under the provisions of 101 KAR 2:106.

Signature of Appointing Authority

Date

The Donor's Payroll Officer must forward one copy of this form to the Recipient's Payroll Officer and one copy to the Personnel Cabinet, Processing & Records Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, KY 40601.

TO BE COMPLETED BY DONOR'S PAYROLL OFFICER UPON RECEIPT

Company Number: _____

Department Name: _____

Date: _____

PAYROLL OFFICER

TO BE COMPLETED BY RECIPIENT'S PAYROLL OFFICER

Recipient's current annual leave balance: _____ + _____ = _____ Recipient's New Annual Leave Balance

Company Number: _____

Department Name: _____

Date: _____

PAYROLL OFFICER